



2016-2017 Persons with Disabilities and Limited Incomes Property Tax Exemption Application

(Nassau County does not charge a fee to file this application.)

Any alteration of this application may result in a denial.

Property Address

House Number & Street: _____ Apt. Number: _____

City: _____ State: _____ Zip Code: _____

Property Identification

TOWN _____ S.D. _____ SECTION _____ BLOCK _____ LOT _____ CA/BLDG. # _____ TAX UNIT # _____
For Condos & Co-ops only

Ownership

Names of ALL Owners (as recorded on latest Deed)	Date of Birth	Marital Status (Married, Divorced, Widowed, Single)	Social Security Number
a)			
b)			

Telephone Number: Day () _____ Evening () _____ Fax () _____

Proof of Ownership (Indicate ALL documents that apply and submit them with this application. Co-op owners must attach a copy of the CERTIFICATE OF SHARES.)

☐ Latest recorded Deed – Liber/Deed # _____ Page # _____ ☐ Other: _____

☐ Probated Will(s) of deceased owner(s) ☐ Entire Trust (If property is in a Trust)

If any owner appearing on any proof of ownership or the spouse of any owner is deceased, a Death Certificate must be included with this application.

Proof of Age (Indicate documents submitted for ALL owners)

☐ Birth Certificate ☐ Driver's License ☐ Passport ☐ Naturalization Papers ☐ Other: _____

Proof of Residency (Indicate documents submitted for ALL owners)

☐ 2014 Social Security 1099 ☐ Current NYS Car Registration ☐ 2014 NYS Resident Income Tax Return

a. Do all owners presently reside on the property to be exempted? ☐ Yes ☐ No

b. Is the non-resident owner absent from the residence due to divorce, legal separation or abandonment?

Please Explain: _____ ☐ Yes ☐ No

c. Is an owner receiving medical care as an inpatient in a health care facility? ☐ Yes Date admitted _____ ☐ No

Does a child (or children), including those of tenants, reside on the property and attend a public school, Grades Pre-K to 12? ☐ Yes ☐ No

Name & Location of school(s): _____

NOTE: *If children attend school, a letter from the school is required verifying student's enrollment.*

NAME(S) of ALL adults and children Living in the Household	AGE of Others Living in the Household	Rent/Contribution to Household Per Month

Proof of Disability (Notice of Award letter must be included with this application)

- ☐ Social Security Administration for entitlement to Social Security Disability Insurance (SSDI) or Supplemental Security Income (SSI)
☐ Railroad Retirement Board for entitlement to Railroad Retirement Disability benefits
☐ Certificate from NYS Commission for the Blind and Visually Handicapped stating that applicant is legally blind
☐ United States Postal Service verifying entitlement to a disability pension, and/or ☐ VA Disability Pension

If disability was approved by the State of New York Compensation Board, a NOTICE OF DECISION by the Board must be submitted. Please provide:

Worker's Compensation Case # _____

Date of Disability: _____

Name of Carrier & Carrier's Case # _____

List of Continuing Payments: _____

STATEMENT OF INCOME

Entire 2014 Federal and State Income Tax Returns with schedules must be attached to this application. If you were not required to file a return, verification of all taxable and non-taxable income must be submitted. You may be required to submit an IRS printout of all income statements.

SOURCES OF INCOME FROM ALL OWNERS & OWNER'S SPOUSE	AMOUNT
Gross Social Security (<i>Attach complete copy of SSA-1099</i>)	
Salary or Wages (<i>Attach W-2's including self-employment</i>)	
Business Income (<i>Attach Schedule C, S-Corp Tax Return with K-1 or Partnership Tax Return</i>)	
Taxable & Non-Taxable Interest (<i>Attach all 1099-INT & year-end statements for non-taxable interest</i>)	
Taxable & Non-Taxable Dividends (<i>Attach all 1099-DIV & year-end statements for non-taxable dividends</i>)	
IRA Earnings (<i>Interest, dividends or capital gains earned</i>) DO NOT include the amount of your distribution.	
Pensions, Annuities & Retirement Plans (<i>Attach 1099R statements and include taxable & non-taxable Pensions</i>)	
VA and/or VA Disability Pensions (<i>Attach award letter</i>)	
Capital Gains (<i>Include tax-deferred capital gain distribution statements from financial institutions</i>)	
Rental Income (<i>Received from all properties</i>)	
Disability/Worker's Compensation Payments /Unemployment Insurance Benefits	
Income from Estates or Trusts (<i>Attach the Estate or Trust's Income Tax Return</i>)	
Alimony and/or Child Support Payments	
Money from others living in the house toward maintenance, support or expenses	
Other sources of income	
TOTAL OF ALL INCOME	\$

Nassau County currently allows a deduction for **UN-REIMBURSED** medical and prescription drug expenses. Are you submitting documents for this deduction? ☐ Yes ☐ No

* ALL SUPPORTING DOCUMENTS, AS LISTED BELOW, MUST BE ATTACHED OR THE AMOUNTS ENTERED BELOW WILL NOT BE DEDUCTED.
(CANCELLED CHECKS **WILL NOT** BE ACCEPTED AS PROOF OF UN-REIMBURSED EXPENSES.)

PLEASE CHECK BOX AND ATTACH COPIES OF ANY PAYMENTS	AMOUNT
<input type="checkbox"/> Printout from the doctor's/dentist's office of all payments and co-payments	\$
<input type="checkbox"/> Printout of annual deductible/out-of-pocket medical expenses	\$
<input type="checkbox"/> Medicare premium	\$
<input type="checkbox"/> Receipt for payment of private health insurance premiums	\$
<input type="checkbox"/> Printout of payments from the pharmacy	\$
<input type="checkbox"/> Printout of out-of-pocket eye/eyeglass expenses	\$
<input type="checkbox"/> Letter from a residential health care facility stating date of admission, date of discharge and un-reimbursed expenses for owner's care	\$
TOTAL UN-REIMBURSED EXPENSES	\$

List the address(es) of all additional real estate that you own, either entirely or in part. (*Attach additional sheets, if necessary*)

CERTIFICATION *(All Owners Must Sign)*

I (We) certify that all of the above information made on this application is true and correct and that the property listed above is my (our) legal primary residence. I (We) understand it is my (our) obligation to provide any documentation of eligibility that is requested and to notify the assessor if I (we) relocate to another primary residence. I (We) understand that any willfully false statements of fact will be grounds for disqualification from further exemption for a period of five years and a fine as set forth in New York State Real Property Tax Law #459-c.

Signature

Date

Signature

Date

(If signed by an Attorney-in-fact, a PHOTOCOPY of the Power of Attorney must be included with this application.)

Section 459-c of the Real Property Tax Law gives local governments and public school districts the option of granting a reduction in the amount of property taxes paid by qualifying persons with disabilities. To qualify, persons with disabilities generally must have certain documented evidence of their disability and meet certain income limitations and other requirements.

APPLICATION INSTRUCTIONS

1. Fill out the application completely.
2. The name on the Deed or Shares must correspond with the name on the application. For exceptions to this requirement, see the checklist below.
3. Attach proof of age, proof of primary residency, entire 2014 Federal and NYS Income Tax Returns, proof of any claimed unreimbursed medical expenses, a tax bill (if available) and any additional information required by this application and in the checklist below.
4. Submit this signed, completed, original application with PHOTOCOPIES of the required documentation to the Senior Division at the Department of Assessment on or before the taxable status date of **January 4, 2016**.

Please use the following list as a guide to assist you in providing the required documents.

- ☐ **CERTIFICATE OF SHARES OR PROPRIETARY LEASE** *(If you live in a Cooperative apartment)*
- ☐ **LATEST DEED RECORDED WITH NASSAU COUNTY**
- ☐ **PROOF OF AGE** *(Birth Certificate; Baptismal Certificate; Driver's License; Naturalization Papers; Military ID or Passport)*
- ☐ **PROOF OF PRIMARY RESIDENCE** *(SSA-1099, Car Registration or 2014 NYS Income Tax Return)* Proof of residence documentation must show the current address.
- ☐ **A COPY OF YOUR 2014 FEDERAL AND STATE INCOME TAX RETURN(S)** *(Required for all owners and their spouses)* If you are married and filed separately, include both tax returns. If you *were not* required to file an income tax return, you must attach proof of all taxable and non-taxable income (*i.e.* 1099 Statements of Interest; Dividends; Pension; W-2; *etc.*) **The Federal and NYS Income Tax Return must have the applicant(s) name, address and SSN (s) on it.** An IRS printout of all income statements may be required.
- ☐ **A COPY OF THE BUSINESS TAX RETURN** *(If you have an S-Corp, Partnership, Trust or Estate Income Tax Return)*
- ☐ **PENSION/ VA DISABILITY AWARD LETTER** *(If you are receiving monies from your deceased spouse's pension)*
- ☐ **SOCIAL SECURITY AWARD LETTER** *(If you are receiving Social Security from a spouse deceased in 2014)*
- ☐ **PRINTOUTS FROM A DOCTOR/DENTIST/PHARMACY FOR UN-REIMBURSED EXPENSES** *(Cancelled checks will not be accepted as proof of un-reimbursed expenses)*
- ☐ **A COPY OF THE ENTIRE TRUST** *(If your property is in a Trust, you must be the sole beneficiary during your lifetime)*
- ☐ **A LETTER FROM THE SCHOOL** *(If any school age children, Grades K-12, reside at the property)*
- ☐ **A COPY OF THE DEATH CERTIFICATE** *(If one of the owners on the Deed or their spouse is deceased)*
- ☐ **A COPY OF DIVORCE OR LEGAL SEPARATION PAPERS** *(If the applicant is divorced or legally separated)*
- ☐ **A RECORDED AFFIDAVIT CONFIRMING ABANDONMENT** *(If applicant claims abandonment, a notarized affidavit must be submitted stating date of abandonment and intent to return)*
- ☐ **A COPY OF THE PROBATED WILL** *(If the sole owner on the Deed is deceased)*
- ☐ **LETTER FROM THE RESIDENTIAL HEALTH FACILITY** *(If the owner resides in a residential health care facility, the letter must include the date of admission and date of expected discharge – if applicable)*

THIS PAGE FOR ASSESSOR'S USE ONLY

Ownership received ☐

Residency received ☐

Income received ☐

Gross Income	
Un-reimbursed Medical Deduction	-
LID Partial Tax Exemption Net Income	\$

Date _____ ☐ Approved ☐ Denied

Assessor's Signature/Stamp _____

Comments:

Para asistencia en Español llame al (516) 571-2020

NASSAU COUNTY DEPARTMENT OF ASSESSMENT

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MINEOLA, NEW YORK 11501
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